

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

National Education Association

(b) Address (number and street) ☐ check if different than previously reported

1201 16th Street, NW

(c) City, State and ZIP Code

Washington, DC 20036-3290

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number**

C C30000848

**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**

08/10/2010

through

08/13/2010

**5. (a) Date of Public Distribution(s)**

08/13/2010

(b) Communication Title Milk

**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Lynne Mason

(b) Address (number and street)

1201 16th Street, NW

(c) City, State and ZIP Code

Washington, DC 20036-3290

(d) Name of Employer or Principal Place of Business

National Education Association

(e) Occupation

Manager, Issue Advocacy

**9. Total Donations This Statement**

0.00

**10. Total Disbursements/Obligations This Statement**

53,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Lynne Mason

SIGNATURE

*Lynne Mason*

DATE

08/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)